

**City of Savannah Recreation Services
ADULT BASKETBALL WAIVER FORM**

PLAYER'S NAME: _____

ADDRESS: _____
(NO P.O.BOX)

CITY/STATE/ZIP: _____

HOME PHONE: _____

WORK PHONE : _____

TEAM NAME: _____

**I AGREE TO RELEASE THE CITY OF SAVANNAH ATHLETICS
DEPARTMENT, AND/OR IT'S DESIGNATED REPRESENTATIVES, FROM
ANY RESPONSIBILITY AND/OR LIABILITY IN THE EVENT OF INJURY DUE
TO PARTICIPATION IN THE 200_ BASKETBALL LEAGUE.**

SIGNATURE: _____

DATE: _____